

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**PROFESSIONAL GEOLOGIST**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying to take the ASBOG FG or PG Examination in Utah, complete the following in addition to submitting a completed application:**

1. Submit official transcripts documenting an earned bachelor's, master's, or doctorate degree in the geosciences from an accredited university.

**OR**

Submit official transcripts documenting an earned bachelors, master's, or doctorate degree in the geosciences from an accredited university including the completion of a minimum of 24-semester or 36-quarter hours in upper level or graduate geology courses in one or more of the subject areas listed in the Professional Geologist Licensing Act Rules, R156-76-302b(1)(b).

**NOTE:** If your education was obtained in a foreign country, please refer to Additional Important Information #4.

2. Submit a "Verification of Experience" form (attached to this application) documenting your qualifying experience.
3. Submit a "Request for Verification of License" form (attached to this application) documenting your passing score on the ASBOG FG Examination, if you passed the ASBOG FG Examination in a state other than Utah.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to DOPL or return them to you for submission with your application.

4. Submit a **\$165.00** non-refundable application-processing fee, made payable to "DOPL." This fee includes a \$150.00 application fee for a professional geologist license and a \$15.00 surcharge as required in 58-76-103 of the Professional Geologist Licensing Act.

**If you are applying for licensure as a professional geologist, complete each of the following requirements in addition to submitting a completed application:**

1. Submit official transcript(s) or other appropriate records documenting completion of an approved geosciences education program.

**NOTE:** If your education was obtained in a foreign country, please refer to Additional Important Information #4.

2. Submit a "Verification of Experience" form (attached to this application) documenting your qualifying experience.
3. Submit a "Request for Verification of License" form (attached to this application) documenting your passing score(s) on the ASBOG FG and PG examinations, if you passed the ASBOG FG and/or PG examinations in a state other than Utah.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to DOPL or return them to you for submission with your application.

4. Submit the original score report from Thomson Prometric documenting your passing score(s) on the ASBOG FG and PG examinations, if you passed the ASBOG FG and/or PG examinations in Utah.
5. Submit a **\$165.00** non-refundable application-processing fee, made payable to "DOPL." This fee includes a \$150.00 application fee for a professional geologist license and a \$15.00 surcharge as required in 58-76-103 of the Professional Geologist Licensing Act.

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Application Period for Examinees:** This application will be valid for 18 months after the date of the first examination for which you are eligible. After 18 months, this application will be denied as incomplete. Another complete application and fee must be submitted for authorization to take the examination after a denial.

2. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a professional geologist. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Professional Geologist Licensing Act
- ☐ Professional Geologist Licensing Act Rules

You may also purchase them for a fee from Thomson Prometric at 1-800-882-3981.

3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

4. **Foreign Educated Geologists:** If your education program was obtained in a foreign country, contact the International Credentialing Associates (ICA), at (727) 549-8555 or [info@icaworld.com](mailto:info@icaworld.com) to have your foreign geology or geoscience education program evaluated to determine equivalency to an accredited geology or geosciences education program. Submit the original copy of the foreign geology or geosciences education evaluation program report with your application.

5. **Qualifying Experience:** A licensed professional geologist or qualified individual who supervised your work, or who has personal knowledge of your knowledge, ability, and competence to practice professional geology must verify your experience. Request that the person(s) providing the verification experience return the “Verification of Experience” form (attached to this application) to you for submission with your application.

If your qualifying degree is a bachelor’s degree, you must document 10,000 hours of qualifying work experience. If your qualifying degree is a master’s degree, you must document 6,000 hours of qualifying work experience. If your qualifying degree is a doctorate degree, you must document 2,000 hours of qualifying work experience. (See 58-76-302(5) and R156-76-302(c)).

6. **License Number:** For official records, correspondence, and use of the seal, you may use the first six or seven digits of the license number located on your license.

7. **License Issuance:** License numbers **will not** be given out over the telephone.

8. **License Renewal:** All professional geologist licenses expire March 31 of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

Please also note that a cashed check does not constitute issuance of a new or renewed license. Fee processing is simply the first step in the evaluation process.

9. **Continuing Education:** There is no CE requirement for Professional Geologists.
10. **Seal Design:** The specifications for the seal are found in the Professional Geologist Licensing Act Rules (R156-76-601).
11. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
12. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
13. **Mail Complete Application to:**  
**By U.S. Mail**  
Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
  
**By Delivery or Express Mail**  
Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111
14. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
15. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION:

Applying For: \_\_\_\_\_ Approval to take the FG Examination

\_\_\_\_\_ Approval to take the PG Examination

\_\_\_\_\_ Licensure as a Professional Geologist

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

## PROFESSIONAL RESPONSIBILITY:

I attest that I have read and understand the Professional Geologist Licensing Act and Rules (58-76 and R156-76). I understand that I must confine my practice to that which is permitted by law. I also understand that if my request for licensure is granted, disciplinary action may be taken against my license for unlawful or unprofessional conduct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## LICENSES:

List all licenses, registrations, or certifications issued by any jurisdiction, which you now hold, have ever held, or have ever applied for in any profession. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## PROFESSIONAL EDUCATION REQUIREMENT:

Answer “yes” or “no.”

\_\_\_\_\_ I have included an original transcript.

\_\_\_\_\_ I have graduated from a geology program from an accredited institution.

**OR**

\_\_\_\_\_ I have graduated with a bachelor’s, master’s, or doctorate degree from an accredited university with a degree in the geosciences including the completion of a minimum of 24-semester or 36-quarter hours in upper-level or graduate geology courses in one or more of the subject areas: structural geology, geophysics, sedimentology, stratigraphy, paleontology, mineralogy, petrology, geochemistry, engineering geology, environmental geology, hydrogeology, hydrology, geomorphology, remote sensing, economic geology, petroleum geology, and field geology.

If using a degree in the geosciences to qualify for licensure, complete the following table documenting the 24-semester hours or 36-quarter hours of required course work. Attach additional pages as needed.

<b>Course Number and Title</b>	<b>Subject Area (from list on previous page)</b>	<b>Brief Course Description</b>	<b>Semester/ Quarter Hours Completed</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

# PROFESSIONAL GEOLOGIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

*(Questions continue on following page.)*



12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Please be aware that expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

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# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## VERIFICATION OF EXPERIENCE

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

**PART I:** In the space provided, list the duties you performed during each work engagement or period of employment. One year of active practice shall consist of a minimum of 2,000 hours of geological work experience under the supervision of a qualified individual or in responsible charge as permitted by law. Copy and complete this form for each work period or work engagement.

Dates: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Hours of Professional Practice Verified: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Person Verifying the Experience: \_\_\_\_\_

**Summary and Description:** The applicant should make explicit statements, listing geologic work performed, listing and defining projects for which he/she had full or partial responsibility, including statements of extent and complexity of work performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**PART II:** To be completed by the licensed professional geologist or qualified individual

**(R156-76-102(3)) who is verifying the applicant's experience.**

Review the description of the applicant's duties as provided by the applicant. Complete the information requested and return the completed form to the applicant for submission with his/her license application.

1. Is the applicant's description of his/her experience correct? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Would you recommend the applicant be licensed as a professional geologist?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If "no," please explain. Attach additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

3. Did you supervise the applicant? YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes," in what capacity?

\_\_\_\_\_

4. If you did not supervise the applicant, what is the basis of your knowledge of the applicant's knowledge, ability, and competence to practice?

\_\_\_\_\_

Verifying Person's Name: \_\_\_\_\_

Address of Professional Geologist or Qualifying Individual:

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I certify that the information contained in this document is true, complete, and accurate. I further certify that I understand that to falsify or withhold information may be unprofessional conduct and would subject my license to disciplinary action.

Signature of Licensed Professional Geologist  
or Qualifying Individual Verifying the Information: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

(Seal Imprint of Stamp If Applicable)

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## REQUEST FOR VERIFICATION OF LICENSE

**(Use this form to verify licensure from another state, if applicable.)**

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a \_\_\_\_\_ Professional Geologist

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

*(Continued on the reverse.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State/Agency: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

Examination Pass Record:

ASBOG - FG examination: Date Passed \_\_\_\_\_ Exam Score \_\_\_\_\_

ASBOG- PG examination: Date Passed \_\_\_\_\_ Exam Score \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_ No \_\_\_\_\_ Yes, please provide copies of all Petitions, Orders, etc.

Signature of State/Board Official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Seal Imprint of Stamp)